

## 2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Name (print) Jin Blockey Office (if applicable) Assembly District (if applicable) 5  
 Mailing Address (include city and zip code) 6372 Agua Drive Lv NV 89103 Telephone No. 876-0203  
 E-Mail Address jin\_blockey@jin\_blockey.com

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

- ☐ **Report #1 — Due August 27, 2002**  
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002  
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002  
 BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

- ☐ **Report #2 Due — October 29, 2002**  
 Period: Aug. 23, 2002 — Oct. 24, 2002

- ☒ **Report #3 Due — January 15, 2003**  
 Period: Oct. 25, 2002 — Jan. 3, 2003  
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

**BALANCE**

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any 0

**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |   |          |
|---|----------|
| 1. Total amount of monetary contributions in excess of \$100          | <u>0</u> |
| 2. Total amount of monetary contributions of \$100 or less            | <u>0</u> |
| Actual number of monetary contributions of \$100 or less              | <u>0</u> |
| 3. Interest and income earned on contributions, if any                | <u>0</u> |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | <u>0</u> |
| 5. Total amount of In Kind Contributions                              | <u>0</u> |

**EXPENSES SUMMARY**

- |  |          |
|--|----------|
| 6. Total amount of monetary expenses in excess of \$100          | <u>0</u> |
| 7. Total amount of monetary expenses of \$100 or less            | <u>0</u> |
| 8. Expense for filing fee  | <u>0</u> |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | <u>0</u> |
| Remaining Balance (Subtract line 9 from 4)                       | <u>0</u> |
| 10. Total amount of In Kind Expenses                             | <u>0</u> |

**AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date Executed On